

South Carolina Department of Social Services
**ORIGINAL LICENSING/RELICENSING/CHANGES
FOR FOSTER HOME LICENSING**

Check One:

- ☐ Original Foster Home Application
☐ Change in License Status (Omit Section B)

- ☐ Annual Foster Home Relicensing
☐ Re-open

Section A

Foster Family Name: (Surname, Mother and Father's first names) _____

Father's Birthdate: _____ Mother's Birthdate: _____ Telephone No.: _____

Address: _____

Street or P.O. Box

City

County

State

Zip

This home is being studied by _____

Agency Name and Address

and found to be suitable for the following:

Section B

No. of Children to be Cared for in Home: _____ Age Range: _____ Sex: _____ Date: _____

Foster Father's Signature

Foster Mother's Signature

Section C

Indicate Changes Only Below With a Check; Give Reason for Changes Under "Comments".

- | | |
|---|--|
| <input type="checkbox"/> 1. Home Closed | <input type="checkbox"/> 4. Change License From _____ to _____ |
| <input type="checkbox"/> 2. Change of Address (Give new address below) | <input type="checkbox"/> 5. Revoke License |
| <input type="checkbox"/> 3. Change Number of Children From _____ to _____ | <input type="checkbox"/> 6. Other (Specify) _____ |

Comments: _____

Signature and Title of Agency Representative

Date

Section D – License Approval

Check Appropriate Block:

- ☐ License Has Been Issued as Listed Below ☐ The Change Requested Has Been Noted in Our Files

License No.: _____ No. and Type of Children: _____ Date Issued: _____

Signature of Deputy Director of County Operations or Designee

Date